

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>Targeted Creative</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>28</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		08			D	D		28			Y	Y	Y	Y	Y	Y						
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Mailing Address 106 S. Columbus Ave.		Amount <table border="1" style="width:100%"> <tr><td>8485.00</td></tr> </table>		8485.00																							
8485.00																											
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.78046</b>																								
Purpose of Expenditure PRINTING	Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>28</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		08			D	D		28			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate MIKE LEE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>0.00</td></tr> </table>	0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																							
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Full Name of Payee <b>Thompson Communications Inc</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>23</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		11			D	D		23			Y	Y	Y	Y	Y	Y						
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Mailing Address PO Box 5		Amount <table border="1" style="width:100%"> <tr><td>57869.00</td></tr> </table>		57869.00																							
57869.00																											
City Marshfield	State MO	Zip Code 65706	Transaction ID : <b>SE.78049</b>																								
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION	Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		11			D	D		10			Y	Y	Y	Y	Y	Y						
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(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%"> <tr><td>66354.00</td></tr> </table>	66354.00
66354.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="width:100%"> <tr><td>66354.00</td></tr> </table>	66354.00
66354.00		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MELODIE JOHNSON

[Electronically Filed]

Date

M	M	
11		

D	D	
23		

Y	Y	Y	Y	Y	Y

Signature